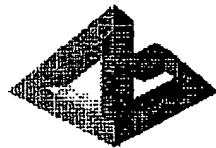


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LAVA GROUP  
Describing Patent Value

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## FACSIMILE TRANSMITTAL

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**MAIL STOP** : Amendment

**FROM** : Gregory S. Smith

**EXAMINER** : OSMAN, Ramy M.

**Faxing DATE**: Aug 22, 2005

**FACSIMILE** : (703) 872-9306

**LAVA GROUP FILE #:** 05002.1060

**SUBJECT:** Application Serial No 09/834,380 Filed April 13, 2001

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**This Transmission Includes the Following Items**

<b>Item being transmitted</b>	<b>Pages</b>
<input checked="" type="checkbox"/> Transmittal	1
<input checked="" type="checkbox"/> Fee Transmittal	1
<input checked="" type="checkbox"/> PTO 2038 Credit Card Authorization	1
<input checked="" type="checkbox"/> Request for Extension of Time	2
<input checked="" type="checkbox"/> Response	16
<b>Total Pages Including Cover Sheet</b>	
<b>22</b>	

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**COMMENTS:**

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ATLANTA, GEORGIA 30346

TELEPHONE: 770-804-9070  
FACSIMILE: 770-804-0900

MOBILE: 404-643-3430  
EMAIL: gsmith@lavagroup.net

AUG 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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TRANSMITTAL  
FORM

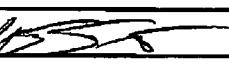
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 21

Application Number	09/834,380
Filing Date	April 13, 2001
First Named Inventor	RENSIN, David K.
Art Unit	2157
Examiner Name	OSMAN, Ramy M.
Attorney Docket Number	05002.1060

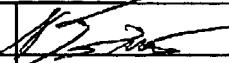
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-2038 Credit Card Authorization Form
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Smith Frowhwein Tempel Greenlee Blaha, LLC		
Signature			
Printed name	Gregory Scott Smith		
Date	August 22, 2005	Reg. No.	40,819

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Gregory Scott Smith
Date	August 22, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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*Effective on 12/08/2004.*  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	1120.00
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### Complete if Known

Application Number	09/834,380
Filing Date	April 13, 2001
First Named Inventor	RENSIN, David K.
Examiner Name	OSMAN, Ramy M.
Art Unit	2157
Attorney Docket No.	05002.1060

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
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 under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues) Fee (\$) Fee (\$)  
 Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$)  
 Multiple dependent claims Fee (\$) Fee (\$)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
13 - 20 or HP =	0	x 0	= 0	50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
8 - 3 or HP =	5	x 200.00	= 1000.00		

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
79 - 100 =	0 / 50 =	(round up to a whole number)	x	= 0

#### 4. OTHER FEE(S)

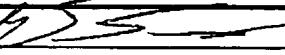
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month Extension of time

Fee Paid (\$)

120.00

### SUBMITTED BY

<u>Signature</u>		<u>Registration No.</u> (Attorney/Agent) 40,819	<u>Telephone</u> (770) 804-9070
Name (Print/Type)	Gregory Scott Smith	Date	August 22, 2005

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